

Procedures for
Michigan's
Continuous Improvement & Monitoring System
CIMS



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INTRODUCTION

The Michigan Continuous Improvement and Monitoring System (CIMS) is a process designed to ensure that each Service Provider (Local Education Agency, Public School Academy, Early-On Service Area, Intermediate School District directly operated programs and State Agencies) in the State of Michigan has a system for providing early intervention and special education that results in compliance with federal and state laws and regulations. The outcome of this system is positive results for infants, toddlers and children with disabilities and their families.

The Individuals with Disabilities Education Improvement Act of 2004 (IDEIA) (sections 616 & 635) gives the Michigan Department of Education (MDE) the responsibility for ensuring that Service Providers appropriately implement federal and state laws and regulations related to the provision of a free and appropriate public education (FAPE) for children with disabilities within the least restrictive environment (LRE) and Early Intervention Services (EIS) in the Natural Environment (NE) for infants, toddlers and their families.

The CIMS has three distinct processes:

- Self-Review
- Verification, and
- Focused Monitoring.

The **Service Provider Self-Review (SPSR)** process addresses how well the Service Provider meets the needs of infants, toddlers, and children with disabilities and their families and establishes a baseline for measurement of progress. In addition, the SPSR reflects how well the Service Provider meets federal and state requirements and provides a FAPE in the LRE or EIS in the NE for infants, toddlers, and children with disabilities. The SPSR promotes collaborative efforts among stakeholders and provides an opportunity for ongoing comprehensive planning and data-based decision making.

The **Verification Review** is a comprehensive process that ensures the validity and reliability of the SPSR implementation within an ISD or State Agency. The MDE conducts a review of SPSR implementation by examination of SPSR rating decisions, corrective action plans, improvement plans and evidence of change monitoring.

Focused Monitoring (FM) is a process that purposefully selects priority areas to examine for compliance/results while not specifically examining other areas for compliance/results; this is intended to maximize resources, emphasize important variables, and increase the probability of improved results. It is a customized process to investigate factors related to a hypothesis specific to the causes of low performance on indicators within a specific Service Provider.

The Michigan Continuous Improvement and Monitoring System (CIMS) is built around a number of critical themes:

- **Continuity:** An effective accountability system must be continuous, rather than episodic, clearly linked to systemic change, and must integrate self-review with continuous feedback and response.
- **Partnership with stakeholders:** The CIMS works in partnership with parents, children, Service Providers, and stakeholders. This partnership impacts all of the following: the setting of goals and benchmarks, collection and analysis of self-review data, Service Provider identification of critical issues and solutions to problems, and the development, implementation and oversight of improvement strategies to ensure compliance and improved results for infants, toddlers and children with disabilities and their families.
- **Service Provider accountability:** Service Providers teams are accountable for determining the effectiveness and compliance of their systems, identifying and implementing strategies for improvement, and measuring and reporting progress.
- **Data-driven process:** All decisions within the CIMS process are data based including focuses on improved results for infants, toddlers and children with disabilities and their families.
- **Public process:** The results of the CIMS will be made available to the public. At a minimum, dissemination will occur by posting the results on the MDE website. Service Provider steering teams are encouraged to develop and implement public awareness strategies to share Self-Review, Verification and/or Focused Monitoring results.

- **Technical Assistance:** The MDE makes the provision of technical assistance a priority component of the work done by the ISD and the MDE. Service Providers are encouraged to include technical assistance as a part of their improvement plan and to utilize available resources to facilitate the continuous improvement process.

NOTE: *Within this document, Service Providers refers to ALL Local Educational Agencies, Public School Academies, Early-On Service Areas, State Agencies and ISD operated programs.*

Service Provider Self-Review

SPSR

Service Provider Self- Review Procedures

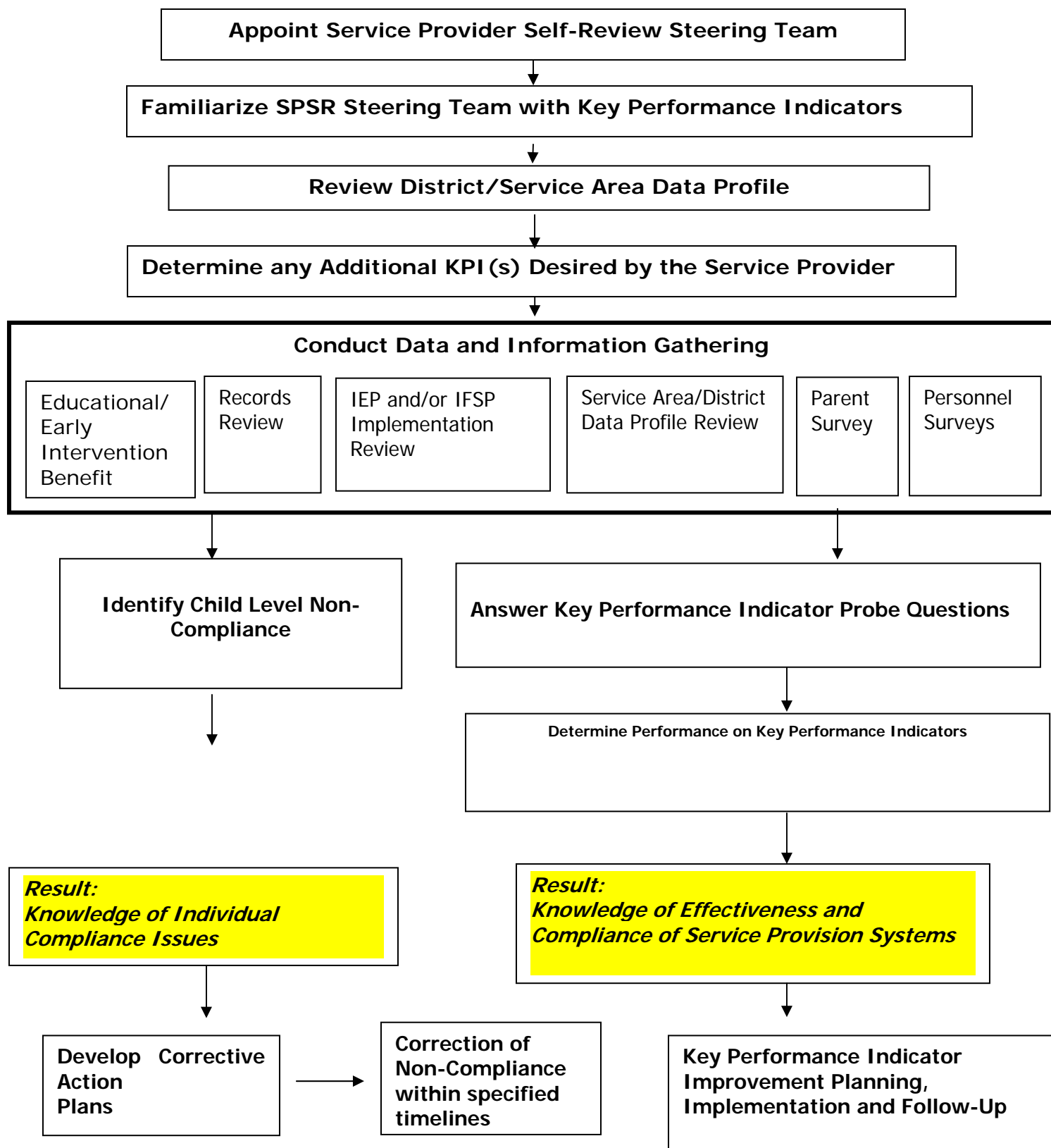


FIGURE 1: SPSR Procedures

The **Service Provider Self-Review (SPSR)** process addresses how well the Service Provider meets the needs of infants, toddlers, and children with disabilities and their families and establishes a baseline for measurement of progress. In addition, the SPSR reflects how well the Service Provider meets federal and state requirements and provides a FAPE in the LRE or EIS in the NE for infants, toddlers, and children with disabilities. The SPSR promotes collaborative efforts among stakeholders and provides an opportunity for ongoing comprehensive planning and data-based decision making.

Service Provider Self-Review Identification & Timelines

The ISDs of Michigan will designate the Service Providers that will complete the SPSR process during each of the next three school years. The Michigan School for the Deaf and all State Agencies will complete the process in 2006. The self-review for Part C will begin in the fall of 2006.

Figure 2: SPSR Cycle illustrates the continuous improvement nature of the SPSR process for a Service Provider over multiple years.

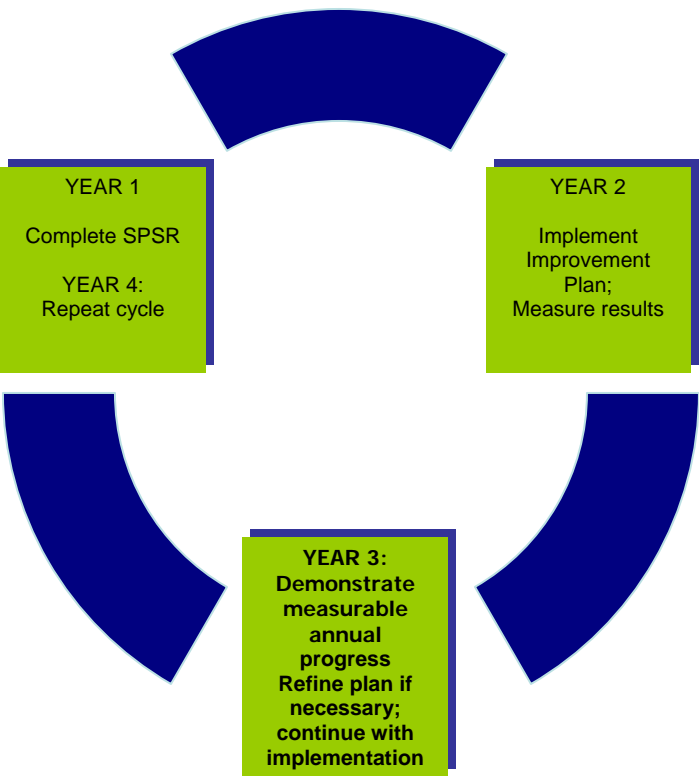


FIGURE 2: SPSR Cycle

The first year of SPSR process focuses on the completion of the Key Performance Indicators (KPIs). This analysis leads to improvement planning and any necessary individual student corrective actions. During year two the improvement plan is implemented. A review of measurable progress on the improvement plan occurs annually. Based on this review, the plan is continued, refined or revised. This review process is repeated for one additional year. The LEA conducts a total review of their system through completion of the then current KPIs in year four.

EXCEPTIONS

Newly formed school districts, such as Public School Academies, are exempt from implementation for their initial operating year.

The MDE will select the appropriate KPIs for unique cases. Monitoring of the Departments of Corrections, Community Health and Human Services will be the direct responsibility of the MDE and will occur on an annual basis.

SEQUENCE & TIMELINES OF SPSR ACTIVITIES

Activity	Person(s) Responsible	Timeline
Deadline for designated Service Providers to register online for completion of SPSR	Service Provider Superintendent, Agency Director, or Designee	Sept. 30
Service Provider completes: ✓ Information Gathering, ✓ KPI Analysis and Rating,	SPSR Steering Team	Sept - February
Submission of Improvement Plan & Corrective Action Plans to ISD	Service Provider Superintendent, Agency Director, or Designee	April 1
ISD reviews and approves Service Provider documents; Approved copy of Self Review Report sent to the MDE	ISD Director of Special Education, or Designee	Within 30 calendar days of submission to ISD
Service Provider completes all 30 day Corrective Actions and reviews documentation with ISD	Service Provider Superintendent, Agency Director, or Designee & ISD Director of Special Education, or Designee	Within 30 calendar days of receipt of ISD approval of plans

SEQUENCE & TIMELINES OF SPSR ACTIVITIES cont.

Activity	Person(s) Responsible	Timeline
Service Provider and ISD review evidence of change specified in Improvement Plans and one year corrective action plan proof of compliance	Service Provider, Superintendent, Agency Director, or Designee & ISD Director of Special Education, or Designee	One calendar year from date of Improvement Plan approval
Service Provider notified of monitoring results by ISD; plan(s) revised if necessary; Service Provider continues with implementation	ISD Director of Special Education, or Designee	Within 30 calendar days from review of evidence of change

TABLE I: SPSR Activity/Timeline

Appoint & Orient SPSR Steering Team

Prior to beginning the self-review, each Service Provider identifies their required Steering Team. Team membership must contain at a minimum:

- a) At least one Service Provider Administrative Representative (Early On, General Education or Special Education)
- b) At least two parent(s) of children with a disability, or equivalent of 20% of the total team composition, whichever is greater (not employees of district or ISD)
- c) At least one special education teacher (when doing Part B SPSR)
- d) At least one Part C Provider (when doing Part C SPSR)
- e) At least one general education teacher (when doing Part B SPSR)
- f) At least one member of the Local Interagency Coordinating Council (when doing Part C SPSR)
- g) *At least one parent representative from a state trained resource pool

Representatives chosen may not assume dual roles on the steering committee. Orientation of the SPSR Steering Team is completed by the ISD Department of Special Education prior to initiation of the SPSR.

*Requirement will initiate upon future completion of development and implementation of the training program.

Responsibilities of the Steering Team

The steering team has important responsibilities. The team has an opportunity to improve programs for infants, toddlers and children with disabilities and their families. The following are general responsibilities:

- a) Determine if any additional KPIs will be created for their SPSR.
- b) Plan for SPSR gathering of information for the KPIs.
- c) Determine performance on each Key Performance Indicator
- d) Develop corrective action plans
- e) Develop KPI Improvement plan
- f) Monitor the implementation of both plans; make revisions as necessary
- g) Other responsibilities as assigned by the Service Provider Superintendent.

Self-Review

The effectiveness of a Service Provider's system is measured through the Key Performance Indicators (KPIs). Each KPI contains a series of Probe Questions. The questions are answered using collected information. The Service Provider rates their performance on each KPI.

Completing the self-review

Step 1 Review Data Portrait:

The Service Provider is responsible for accessing a copy of their Data Portrait available through MDE and MICIS. The Steering Team uses the data portrait and other available data to conduct an analysis of their performance in key areas. Data analysis is guided by a set of inquiries that determines the types of records to be reviewed.

Step 2 Identification & Selection of Child/Student Sample:

The sample is identified in accordance with the results of the data inquiry questions and requirements of the KPIs. The Steering Committee must review an adequate number of files to meet each KPI's data requirements.

Step 3 Conduct Information Gathering:

In order to analyze and rate the Service Provider's performance on the KPIs, Educational/Early Intervention Benefit Reviews, Record Reviews, IEP and/or IFSP Implementation Reviews and Surveys may be conducted.

- **Educational/Early Intervention Benefit Review**

The Educational/Early Intervention Benefit Review is a team process designed to lead to an understanding of if, and how, IEPs and/or IFSPs were reasonably calculated to result in

Educational/Early Intervention Benefit. Through the review and charting of multiple individual Educational/Early Intervention Benefit reviews, the steering team is able to answer questions related to the practices utilized within the system to develop IEPs and/or IFSPs.

- **Record Review**

The Record Review is an analysis of an individual's record in relation to IDEA Compliance Standards.

- **IEP and/or IFSP Implementation Review**

The purpose of this review is to determine if the IEP and/or IFSP has been consistently and fully implemented. Service records, lesson plans and records related to the monitoring of progress are reviewed to ensure that children (and their families as appropriate) are receiving the programs, services, transition services, accommodations and modifications, supplementary aids and services, instruction, and assessments contained in the IEP and/or IFSP.

- **Surveys**

The purpose of conducting surveys with parents, special education teachers, service providers, general education teachers and administrators is to collect information on awareness and implementation of policies, procedures, and practices. They also provide secondary sources of data to corroborate findings from Educational/Early Intervention Benefit, Record Review and IEP and/or IFSP Implementation Reviews. Each survey question is correlated with a probe question and KPI.

Step 4 SPSR Probe Question Synthesis & Key Performance Indicator Rating

After the information gathering phase, the Steering Team synthesizes the information collected for each Probe Question(s) and KPI. The Team then rates the Service Provider's performance through the application of a "Performance Rubric". If a KPI is rated as *"Non-Compliant"* or *"Needs Improvement"*, corrective action is necessary.

Step 5 Corrective Action Plans

All individual child level non-compliance findings must be addressed by a Corrective Action Plan. All compliance must be corrected no later than one calendar year. Items related to the correction of FAPE in the LRE or EIS in the NE require a 30 calendar day correction.

Step 6 KPI Improvement Plan

The purpose of improvement planning is to: 1) focus on achieving

systemic change that will create significant improvement in results for infants, toddlers and children with disabilities and their families; and 2) achieve compliance with federal and state statutes and regulations.

The Improvement Plan should be aligned or incorporated with other improvement initiatives. Critical to improvement planning is the direct link of activities to obtaining the desired results that are warranted by the lack of performance/compliance.

Step 7 Submission & Approval of Improvement Plans

The purpose of submitting the Corrective Action Plan and KPI Improvement Plan to the ISD is to obtain approval that each plan addresses the components of the SPSR and that the activities and measurements are reasonably calculated to result in the desired compliance and/or improvement. This action also ensures evidence of the MDE's general supervisory responsibility for compliance with federal and state statutes and regulations.

Step 8 Implementation & Follow-up Monitoring

Each Service Provider shall provide progress reporting on the improvement plan activities at specified intervals. The ISD evaluates the progress by reviewing submitted measurable data. Concerns or advice shall be provided to the Service Provider by the ISD. Should the plan not be implemented, the ISD will contact the MDE and progressive interventions and sanctions will be applied.

Corrective actions are monitored for completion by the ISD for both documentation and meeting of specified timelines.

Verification

Verification

Overview

The Individuals with Disabilities Education Improvement Act of 2004, (IDEA) requires that the MDE ensure that Service Providers and the ISD appropriately implement federal and state laws and regulations related to the provision of a FAPE for children with disabilities within the LRE or EIS in the NE for infants and toddlers. Verification is an activity conducted by the MDE that fulfills this responsibility.

Verification is the process that examines the Service Provider's implementation of the SPSR and other requirements of IDEA, as well as the ISD's oversight responsibilities. The MDE must assure that the Service Provider has a system that consistently and reliably implements IDEA requirements.

Verification visits will be conducted at randomly selected ISDs by the MDE. Within each ISD, Service Providers will be randomly selected for review. Programs operated by the ISD are collectively considered a Service Provider and will always be included. The following areas may be reviewed:

- Service Provider Self-Review Team Composition & Activities
- Data Portraits
- Educational/Early Intervention Benefit Process and Results
- Record Review results
- IEP and/or IFSP Implementation Results
- Hearings and Complaints
- Completion of Corrective Actions
- Personnel Approvals
- Professional Caseloads
- Parent Input
- Other

Verification Activities & Timelines

Activity	Person(s) Responsible	Timeline
Identification and notification of ISDs/Service Providers to participate in the Verification Process	MDE	March
Planning meeting with ISD/Service Providers	MDE; ISD & Service Providers	April & May
Collection and Review of Data Portraits	MDE	April & May
Onsite verification visit	MDE; ISD Special Education Director; Service Provider Superintendent or designee	September - January
Verification Report of Findings issued	MDE	Within 30 calendar days of conclusion of the verification visit
Corrective Action completed and documentation of proof of compliance submitted	Service Provider; ISD	Within 30 calendar days of receipt of the MDE's report
Review & response to corrective actions	MDE	Within 30 calendar days of receipt of corrective actions
Plan of Improvement for systemic issues related to the SPSR procedures	Service Provider ; ISD	Within 30 calendar days of the receipt of the report
Notification of approval of Improvement Plan	MDE	Within 30 calendar days of receipt of Improvement Plan
Review of evidence of change as specified in Improvement Plan	MDE; Service Provider; ISD	One calendar year from date of Improvement Plan approval
Notification of status of compliance provided to Service Provider ; ISD Plan revised if necessary; Continuation with implementation or Close out	MDE	Within 30 calendar days from review of evidence of change

Verification Procedures

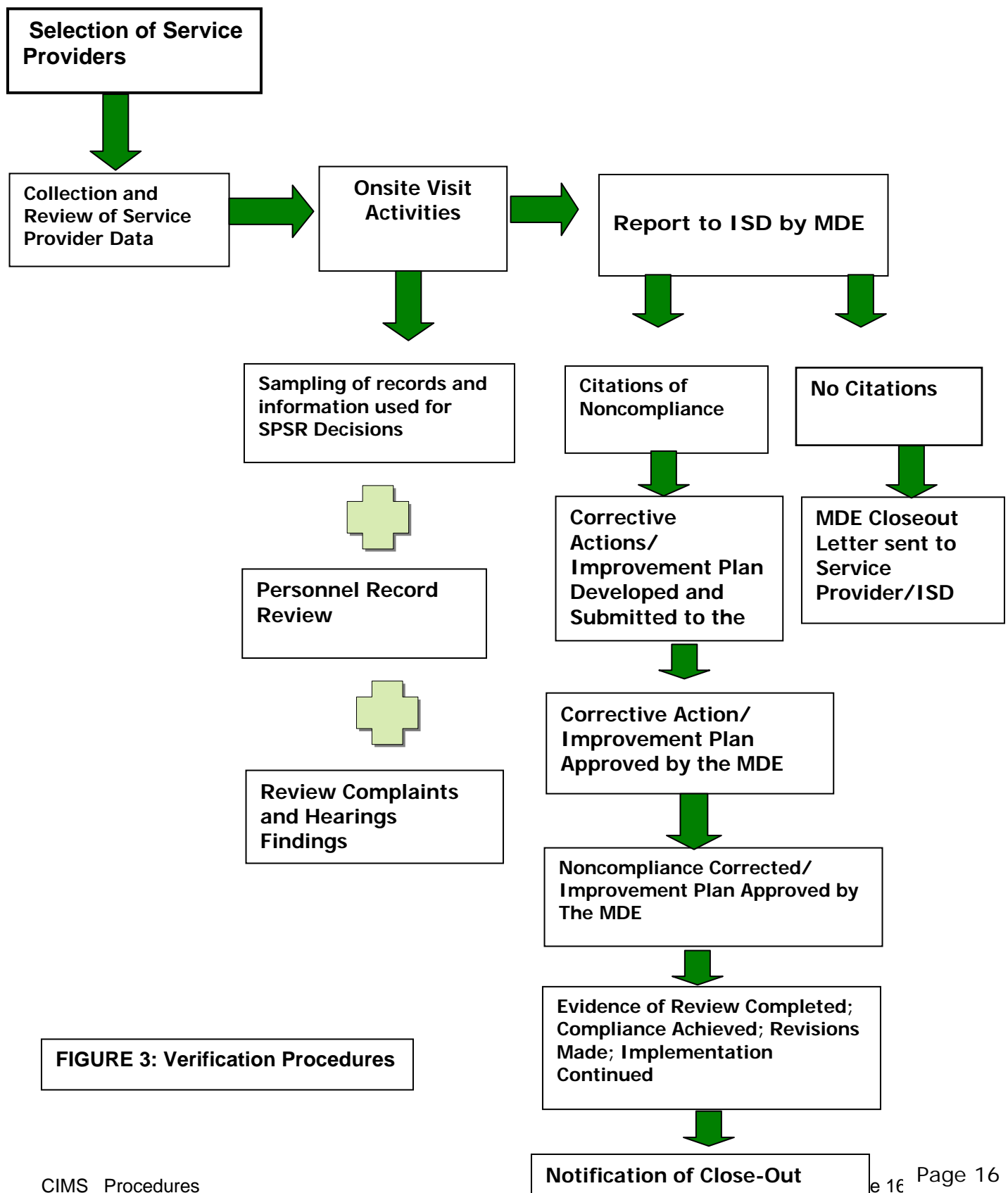


FIGURE 3: Verification Procedures

VERIFICATION PROCEDURES

The following activities provide for a systematic collection and analysis of the implementation of the SPSR process.

Step 1: Service Provider Selection for Verification

ISDs are selected for a verification visit based on a random sampling of the state. All ISDs will be verified within a five year time period. Within each ISD, a sample of Service Providers will be selected by the MDE for verification. The MDE retains the option to identify an ISD or Service Provider for verification at any time given evidence of statutory or regulatory violation.

Step 2: Collection & Review of LEA data:

The MDE reviews data to understand how the SPSR was implemented and to determine the ISD's performance in ensuring that timelines and corrections were accomplished. Review of the data may include, but is not limited to:

- composition of the SPSR Team
- activities of the SPSR Team
- use of the Data Portrait
- Identified sample
- Parent input
- Analysis and decisions for each KPI
- Improvement Planning
- Progress Monitoring

Step 3: On-Site Activities

Sampling of Records and Review of Information Utilized to Make KPI Decisions

The MDE verifies activities of the SPSR to: 1) determine if individual child non-compliance was cited, and 2) if decisions regarding KPIs that required analysis of this data were made accordingly. If verification results in findings of inaccurate decision making by the SPSR team regarding compliance, additional activities will be required.

Records kept by the Service Provider for purposes of documentation of the last SPSR process will be utilized for the following activities:

- Records Review
- IEP and/or IFSP Implementation
- Educational/Early Intervention Benefit Review
- Key Performance Indicators
- Corrective Action Plans
- Improvement Plan

Additional Reviews not related to the SPSR include:

- **Personnel Records Review:** The MDE will review documentation that all personnel involved in the provision of early intervention/special education programs and services possess current/valid certifications, licensures, registrations, approvals or permits appropriate for their assignments.
- **Complaints and Hearings:** The MDE will review all complaint and hearing data involving the Service Provider over the previous three years that found non-compliance to determine if: 1) any pattern(s) of noncompliance are present, and 2) if directives for corrective actions were implemented in a timely manner. If there were no complaints or hearings filed during the three year time period, the review may include interviews with parents to determine awareness of the due process system and interviews with administrators and staff to determine what methods of conflict resolution are used.

Step 4: Reporting

A Service Provider Report of Findings is sent to the ISD and Service Providers involved in verification. The Report of Findings concludes if the SPSR was implemented with accuracy and timeliness and addresses any additional IDEA citations. The report includes directives for corrective actions.

An ISD Report of Findings addresses the compliance of the ISD in their responsibilities for the oversight of the SPSR process and corrective actions/improvement planning monitoring for all Service Providers. Should the ISD be found non-compliant in these obligations, directives for necessary actions are included.

Focused Monitoring

FOCUSED MONITORING

Focused Monitoring is a process that purposefully selects priority areas to examine for compliance and results while not specifically examining other areas for compliance/results; this is intended to maximize resources, emphasize important variables, and increase the probability of improved results. It is a customized process to investigate factors related to a hypothesis specific to the causes of low performance on indicators within a specific Service Provider.

Using these principles, the MDE has designed a focused monitoring system that emphasizes the components shown in figure 4 below.

MI CIMS Focused Monitoring

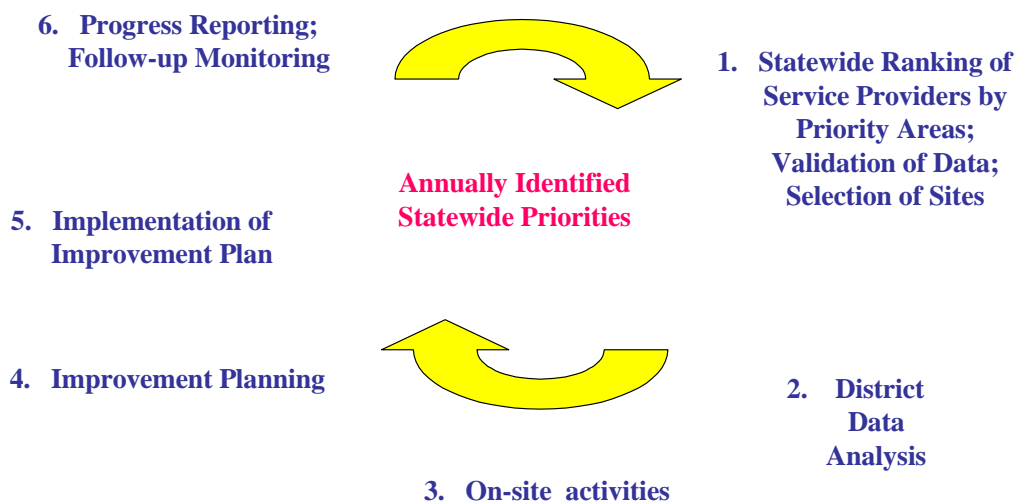


FIGURE 4: Focused Monitoring

Focused Monitoring is implemented by the MDE supported by a Service Provider Steering Team. The MDE and Steering Team collectively reviews Service Provider data. The MDE then conducts activities which may include: a parent forum, student forum, interviews of staff, parents, personnel, and observations in select service delivery settings. The MDE uses the resulting information to evaluate the Service Provider's performance on specific outcome measures. Results are shared with the Service Provider who develops and submits an Improvement Plan endorsed by the Superintendent or designee.

Ranking of Service Providers

The MDE utilizes available data to rank Service Providers on their performance on identified state priorities. These priorities are endorsed annually by a state steering committee. Service Providers are ranked by an independent entity contracted for this explicit purpose by the MDE. Final selection occurs after review of the priority area data for validity and reliability.

Service Providers are selected for focused monitoring in one of two ways: based on their performance ranking in the indicator areas, or triggered by results of a verification review. The final selection process will be based on criteria regarding ranking.

These events fall into four phases shown in Figure 5.

Diagram of Procedures for CIMS Focused Monitoring

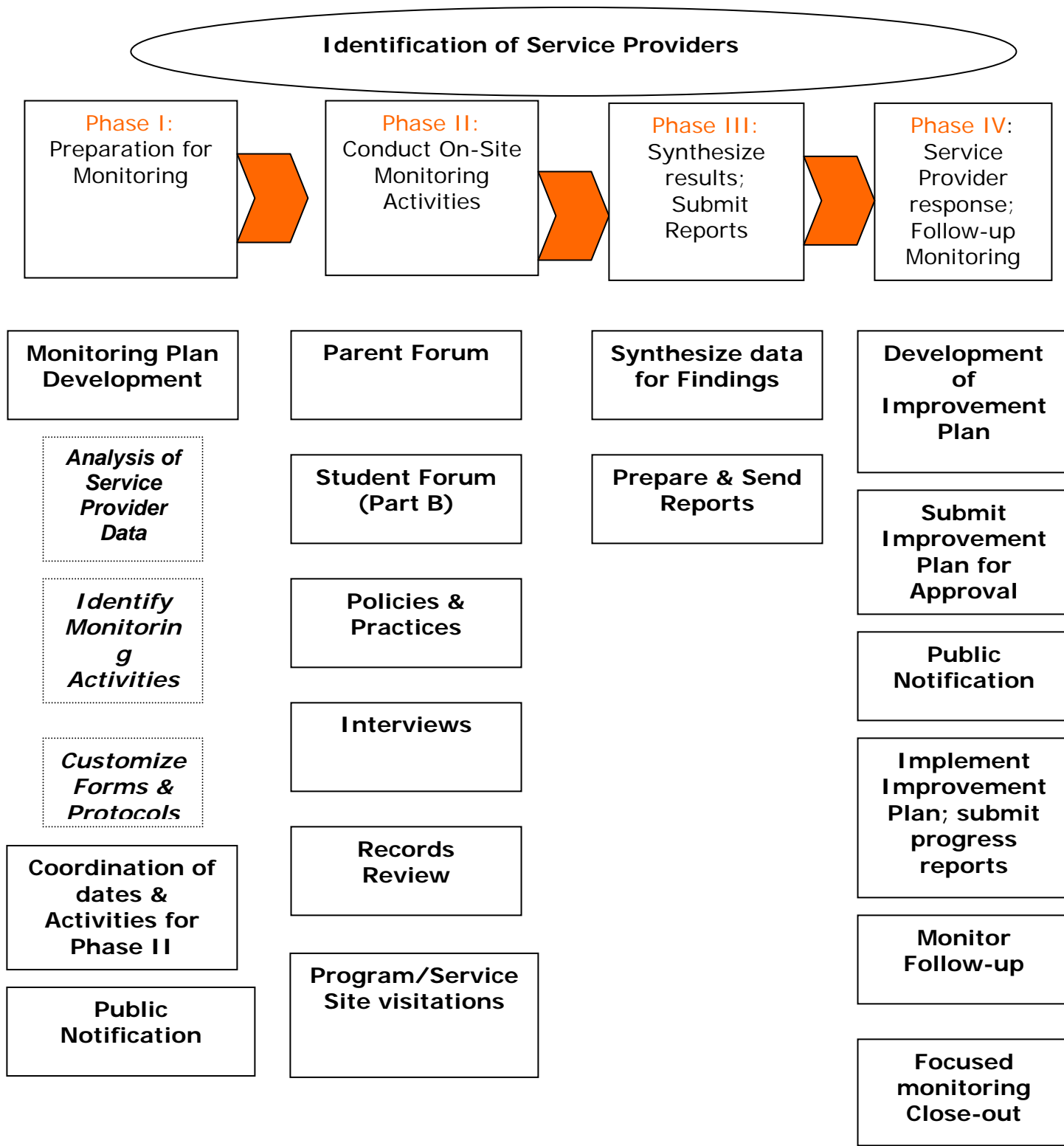


FIGURE 5: Focused Monitoring

Sequence of Events

Once an LEA/SA has been identified for focused monitoring, the following sequence of events occurs. Further description of the steps follows the chart.

Activity	Person(s) Responsible	Timeline
Select Service Provider	MDE	June 1
Notify Service Provider	MDE	June 5
Meet with Service Provider to discuss the focused monitoring process: <ul style="list-style-type: none">• explain what is involved in FM• provide the Service Provider with a FM review packet• identify team members• share relevant data• advise on methods to complete data components with updated information• arrange for development and dissemination of public announcement of initiation of focused review	MDE, Superintendent/Agency Director, Special Education Director, and others as appropriate	July 1
Orient Teams	MDE, TA teams	90 calendar days prior to on-site visit
Submit information for Service Provider Data Analysis Process	Service Provider Team Leader	60 calendar days prior to Service Provider Data Analysis activity

Activity	Person(s) Responsible	Timeline
Conduct Data Analysis Process and Prepare the Hypothesis	MDE, Steering Team	45 calendar days prior to visit
Convene meeting of the MDE FM team to: <ul style="list-style-type: none"> • review Data Analysis findings and hypothesis • prepare for on-site activities • establish plans and assignments for setting up forums 	MDE Team Leader, Steering Team Leader	30 calendar days prior to visit
Conduct Activities as determined necessary (ongoing)	MDE	
Arrange Exit Meeting	MDE Team Leader & Steering Team Leader	
Provide "Final Report"	MDE	Within 30 calendar days after completion of review
Conduct First Improvement Planning Team Meeting	Service Provider Superintendent or Designee	Within 45 calendar days after completion of review
Develop Corrective Actions Plans & Improvement Plans	Steering Team or others as determined by Superintendent	Within 60 calendar days after completion of review
Improvement Plan Approval	MDE	Within 90 calendar days after completion of review
Notify public of findings and plans for correction & improvement	Service Provider Superintendent or Designee	
Submit progress report at designated intervals	Service Provider Superintendent or Designee	As designated in plans
Monitor progress on Improvement Plan and provide feedback and direction	MDE	Within 15 calendar days of receipt of progress reports
Designate completion of focused monitoring process, extension or sanctions	MDE	12 months post-approval date of Improvement Plan

TABLE 3: Focused Monitoring Activity/Timeline

Description of Procedures

Phase I: Preparation for Monitoring

Once the Service Provider identification process is completed, Superintendents or Agency Directors of the Service Providers are notified. A Steering Team is then appointed by each Superintendent/Agency Director. Team membership must contain at a minimum:

- At least one Service Provider Administrative Representative (Early On, General Education or Special Education)
- At least one parent(s) of a child with a disability (not employees of district or ISD)
- At least one special education teacher(Part B)
- At least one Part C Provider (Part C)
- At least one general education teacher(Part B)
- At least one member of the Local Interagency Coordinating Council (Part C)

Responsibilities of team include:

- involvement in the data analysis,
- parent forum coordination
- improvement planning
- progress reporting
- other activities as designated by the Superintendent

The MDE meets with the Service Provider to explain all components of the focused monitoring process. Appointed Steering Team members will receive orientation to aid them in the effective implementation of their responsibilities.

Analysis of relevant data drives the development of the initial hypothesis regarding low performance within the priority area(s). The developed hypothesis leads to identification of the activities and the protocols/documents for the on-site monitoring.

The Service Provider Superintendent/Agency Director is responsible to notify the community regarding the occurrence of the focused monitoring. This is required as a means of accountability to stakeholders.

Phase II: On-site Monitoring Activities

The purpose of the focused monitoring on-site activities is to gather information that leads to a deeper understanding of the contextual factors that resulted in the Service Provider's lack of performance in the priority area(s). Several activities contribute to the collection of this information. These are:

- **Parent & Student Input Meetings**

Select members of the Service Provider's Steering Team and the MDE Team Leader organize and conduct parent and student (school-aged) forum meetings. Any issues identified in the dialogue are considered for further investigation in the focused monitoring process.

- **Records Review:**

The Records Review is an analysis of IDEA compliance and for school-aged students, performance in general education curriculum or alternate achievement standards, the use of accommodations and modification in general education, and other compliance and performance related information.

- **Staff, Student & Administrative Interviews**

Data gathered through the interview process assists in identifying factors contributing to the Service Provider's performance in the priority area(s).

- **Program/Service Site Visitations**

Visitations to sites where services are provided to infants, toddlers and children with disabilities and their families (or alternate locations in Part C) provide an opportunity to observe the implementation of curriculum, instruction, and provision IEP and/or IFSP services.

PHASE III: SYNTHESIS OF RESULTS & REPORTING

At the conclusion of the on-site visit, the MDE will review and synthesize the data to determine if the Service Provider's formal and informal policies, practices, personnel development and supervision either support or hinder the achievement of compliance and positive child outcomes.

Systemic compliance decision making considers all information through the focused monitoring activities. Evidence must be present in at least two sources of data to cite systemic non-compliance.

A Report of Findings is completed and mailed to the Superintendent/Director of the Service Provider. The report narrative provides a format useful for explaining to parents, personnel, Board of Education members, LICC members, and other audiences the purpose, process and results of the focused monitoring.

PHASE IV: Service Provider Response & Follow-up Monitoring

It is anticipated that the Service Provider's efforts to correct areas of non-compliance and performance will have a positive and measurable effect on results for infants, toddlers and children with disabilities and their families. Achievement of compliance status is no longer the only goal of corrective action. Evidence of compliance must be documented and improvement in performance must demonstrate a direct and positive impact for infants, toddlers, children with disabilities, and their families.

Upon receipt of the Report of Findings, the Service Provider must prepare an improvement plan addressing all findings. Any individual child level citations will require immediate corrective action.

A draft of the improvement plan is electronically submitted and reviewed by the MDE. Directives for clarification and specificity will be provided to the Service Provider. The improvement plan must be approved by the MDE.

- **Progress Reporting**

Progress reports are submitted electronically a minimum of every three months. Progress is reported for each task/activity, including the evidence of change to date and next steps.

- **Evidence of Change Review**

A Service Provider representative meets with the MDE to review Evidence of Change data following one-year of improvement plan implementation. If outcomes are met to the satisfaction of the MDE, the focused monitoring comes to a close. Revision of the improvement plan, with mandatory technical assistance, occurs when evidence of change is not satisfactory.

Michigan Department of Education
Guidelines for Progressive Interventions and Sanctions
April, 2005

The MDE has the authority and responsibility to impose progressive interventions and sanctions in LEAs, ISDs, Early On Service Areas, State Agencies, and Public School Academies when failure to complete mandatory activities and maintain compliance is evident.

In an effort to afford every reasonable opportunity for monitored Service Providers to achieve compliance, the MDE has developed the following guidelines for progressive interventions and sanctions.

Circumstances Justifying Interventions and Sanctions

Interventions and sanctions are warranted when a Service Provider has failed to comply with the requirements of the IDEA and CIMS. The MDE determines the level of intervention. This determination takes into account the progress the Service Provider has demonstrated toward full compliance, its demonstrated good faith effort toward achieving compliance and any other circumstances the MDE considers relevant.

Procedural Steps for All Interventions and sanctions

The Superintendent of Public Instruction of the MDE will issue a letter indicating that specific personnel from the monitored Service Provider must meet with the MDE to develop a MDE prescribed improvement plan, with specific deadlines and verification, to address all findings of noncompliance that remain unresolved.

The prescribed improvement plan will specify the unresolved findings of noncompliance, the specific actions to be taken by the Service Provider and the MDE to resolve findings and monitor progress. The MDE will specify the evidence required to demonstrate that each finding has been resolved. The plan will also describe the steps the Service Provider will take to make the plan available to the public.

The prescribed improvement plan will incorporate any elements of the original improvement plan that the MDE considers necessary and will replace the original plan with regard to all findings of noncompliance that remain unresolved.

Within 30 days of the meeting with the MDE, the prescribed improvement plan must be approved by the governing authority of the Service Provider and the governing authority must provide the MDE with a signed notice of approval and assurance that the requirements established by the MDE will be completed by the prescribed deadline(s). The MDE's acceptance of the Service Provider approval and assurances will be noted by the Superintendent of Public Instruction.

School districts and other monitored agencies will continue to be responsible for providing services to ensure that students receive a FAPE in the LRE or EIS in the NE pursuant to IDEA 2004 and Michigan Rules for Special Education, regardless of whether state or federal funds are withheld.

Level One: Needs Assistance

In the instance when the MDE determines that a Service Provider needs assistance in implementing the requirements of the IDEA and CIMS, the MDE shall take one or more of the following actions:

- The MDE will direct the Service Provider to allocate additional time and resources for technical assistance and guidance related to areas on non-compliance.
- The MDE will impose special conditions on the Service Provider's application for IDEA funds.
- The MDE will direct how the Service Provider utilizes IDEA funds to address the remaining findings of noncompliance. The Service Provider must track the use of these funds to show the MDE how the funds were targeted to address the areas of noncompliance.

Level Two: Needs Intervention

If the MDE determines for two consecutive years that a Service Provider needs assistance in implementing the requirements of the IDEA and CIMS, the following shall apply:

- The MDE may take any of the actions described in Level One
- The MDE shall withhold in whole or in part, any further payments of IDEA funds to the Service Provider
- The MDE shall require that the Service Provider enter into a Compliance Agreement if the MDE believes that the Service Provider cannot correct the problem within one year

Level Three: Needs Substantial Intervention

In addition to the sanctions described in Levels One and Two, at any time the MDE determines that a Service Provider needs substantial intervention in implementing the requirements of the IDEA and CIMS, or that there is substantial failure to comply, the MDE shall take one or more of the following actions:

- Direct the Service Provider's implementation of a Compliance Agreement, billed to the Service Provider;
- Recover IDEA funds; or
- Refer Service Provider for appropriate enforcement under State or Federal law.